A te P	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA	1. PLACE OF DEATH	9850
of of OCC	· County Howard O.	Registration Dist. No. 173
em of should f OCC	Village or City Lissup Mod.	NoSt,Ward
- 0	Length of residence in city or town where death occurred 40 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	71: 10: -	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
D. Ever SICIAN tatemen	2. FULL NAME // Lynkod Grang (2)	rue-
RD YS	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
ECORI PHYS xact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KE Exe	3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOW.	21. DATE OF DEATH
7 7 7 7	Male Shate Sticlown	(Month) (Day) (Year)
NEN TEN	5a. If married, widowed, or divorced HUSBAND of	THE PERMISSION OF THE PARTY OF
IDI A C assi	(or) Mergale May souds.	22. HEREBY CERTIFY, Thet I attended deceased from
BIND PERMA EXA y class te.	6. DATE OF BIRTH (month, day, end year) Spel 19 1875	I last saw having alive on / (2 19\$3; deeth is sai
P. P	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 7.25 pm.
FOR B IS A PE stated E properly certificate	62 8 12 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 70	1 % Imde profession or particular	Coronary Trombosis 1,0/3
HIS Pe	kind of work done, as SPINNER, A. Walehowans SAWYER, BOOKKEEPER, etc	
RVI COULD	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	myocardeling 19/0
RESERVED G INK-THIS GE should be that it may be ons on back of		
RES. II	this occupation (month find # 1832 spent in this occupation	
N d l S	12. BIRTHPLACE (city or town) Laurel, Mich.	Other Contributory Causes of importance:
AD AD sd. s, s	(State or country)	generalines
ARGIN JNFADI pplied. terms, so instruct	13. NAME / wood of Drieds.	asternopeterous 1910
MAH UH U sup	13. NAME / LIMBOOL JOURNES. 14. BIRTHPLACE (city or town). Carrell, Mid.	Name of operation
Illy Slai	(State of country)	What test confirmed diegnosis? Wes there en autopsy?
W W	15. MAIDEN NAME Planquet, practly 16. BIRTHPLACE (city or town Box town Major.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
INLY W. Be careful Erriff in important		Accident, sulcide, or homicide? Date of Injury, 19
To a fi	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) (Displace Man)	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 PLA Should OF D	18. BURIAL, CRAMATION, OR REMOVAL	Manner of injury
四日 日 日 出	Place flady Civiling Date Jam 15 ,19 30	Nature of injury
WRITE Mation CAUSE TION is	Collist Kodaldan	24. Wes diseese er Injury in any way roleted to occupation of deceased?
TCB T	19. UNDERTAKER ASSELLED MAN AND STREET	If so, specify
4 B	20. FILED 1114/33. Manh & Sley.	(Signed) 13 January M.
> X	20. FILED Registral.	(Address) farm well
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 1003	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, B. ż

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00682
1. PLACE OF DEATH	72-00
County Trivaid.	Registration Dist. No. 17
Village or City Clarksyll (If	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME John C. Nawy	orl).
(a) Residence: No. (Que Karille (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OF KACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, on divorced HUSBAND of (or) WIFE of hosbod. Crawford.	22. I HEREBY CERTIFY, Thet I attended decaased from  Jan. 1932 to Jan 31 1933
6. DATE OF BIRTH (month, day, and real 1/25- 1915-3	I last sawharm aliva on Jan 26 , 1933; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6Am.
79 3 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
8. Trede, profession, or particular hind of work done as SPINNER	Milual and.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Costes Reguzalelotine And has
Mindustry or business in which work wes dona, as SILK MILL,  SAW MILL, BANK, etc.	and Cardin Astheria
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Undustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and spent in this spent in this	
year) occupation	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Perdia Vancantania
13. NAME The W. Crawlord	Contraction of the Contraction o
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of County)	What test confirmed diegnosis?
15. MAIDEN NAME steer Technelly	23. If daath was dua to axternal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME The Technique 16. BIRTHPLACE (city or town)  (Steta or country)	Accident, suicide, or homicide?
Man 7 White Man A	Where did Injury occur?  (Specify city or town, county and State)
17. INFORMANT TO FRANKLING & Rendered	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
187 EURIAL CREMITTON OF THEMOVAL Grange ed.	Menner of Injury
Placa Meddlelawy Dote 711. 21., 19.	Nature of injury
19. UNDERTAKER SOUTON DOWN (Address) Elle and On to	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Feb 1 , 1933 & W. Beclerles Registrat.	(Signed) Hesleed E. Zaph M. D. (Address) 3048 M. Martia As
	N. C A. D

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week aan Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

MARGIN RESERVED FOR BINDING

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH

0	0	6	(3)	3
~	-		-	-

1. PLACE OF DEATI	1		(20)	100
County Yo	ware.		Registra	ation Dist. No. 191
Village or City	an Her	rela.	No.	St Ward
			death occurred in a hospital or institution, give its l	NAME instead of street and number)
Length of residence in city	or town where death occur	redyrsmos	ds. How long in U.S. if of foreign birt	n?ds.
2. FULL NAME	when N	antay		
(a) Residence: No.		0 /	St., Ward.	
		al place of abode)		sident give city or town and State
PERSONAL AND		ARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR		E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	1/ 3
77		arrus	(Month)	(Day) (Year)
ba. If merried, widowed, or divorce HUSBAND of	d	1		
	enfanor	ww		IFY, That I ettended deceesed from
		-410	1/	), 19
6. DATE OF BIRTH (month, dey, a		460		death is said
7. AGE Years	Months De	oys If LESS than 1 day,hrs.	to heve occurred on the date state above, at The PRINCIPAL CAUSE OF DEATH end related	
90		ormin.	were as follows:	Date of onset
8. Trede, profession, or parti	cular SPINNER.	/		
SAWYER, BOOKKEEPE	R, etc.		andertal al	owner !
work was done, as SIL	K MILL.			
SAW MILL, BANK, etc		. Totel time (yeers)	-	
this occupation (month	end	spent in this		
			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Sand			
1	· · · · · ·	7	-	
13. NAME 14. BIRTHPLACE (city of town	hory No	auzy.		
14. BIRTHPLACE (city or town	)	1 0 /	Neme of operation	Date of
(State of country)	nie		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town	berra C	eure	23. If death wes due to externel ceuses (VIOLEN	CE) fill in also the following:
16. BIRTHPLACE (city or town	)		Accident, suicide, or homicide?	Date of injury
E (State or country)	wo.		Where did injury occur?	
17. INFORMANT GOD	Hall	/	Specify whether injury occurred in iNDUSTRY,	ity or town, county and State) in HOME, or in PUBLIC PLACE.
(Address)	wall Cer	to , 846	-	
18. BURIAL, CREMATION, OR REN	IOVAL	/ /	Manner of injury	
Piace La hue	Cen Date	1-23,1933	Nature of Injury	
20 1	1	Yam) a	24. Was disease or injury in any way related to	
19. UNDERTAKER (Address)	2011-1017	See al	if so, specify	occupation of deceased?.
10	23 /14/1-	1 20.00	(Signed) Calede A Roza	sacture Carron
20. FILED 2011 19.	JUNE V	Registrar.	(Address) Elleron	Tate Es d
1		Aegistrat.	- (vaniess)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage TIRE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME ECORD. (a) Residence: No. 4 (Usual place of shode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) male BINDING 5a. If marriad, widowad, or divorcad HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Yaars Mooths If LESS than Davs to have occurred on the data stated above, at \_\_\_/\_ I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. 8. Trede, profassion, or particular kind of work dona, as SPINNER, OCCUPATION RESERVED SAWYER, BDDKKEEPER, etc ... 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc..... back may should 10. Date daceasad last worked at 11. Total time (years) this occupation (month and, spent In this occupation \_\_\_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER 14. BIRTHPLACE (city or town). (State or country) efully What test confirmed diagnosis?\_\_ MOTHER 15. MAIDEN NAME important. 23. If death was due to axternal causas (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Manner of injury -WRITE mation LION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. (Address) - wan

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

vi.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00687
1. PLACE OF DEATH	10000
County Howard	Registration Dist. No. 194
Village or City Theylland	ND. St., Ward
/	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?mosds.
( . TP 0 11 1	
2. FULL NAME (Small Small sorre	0. W 7
(a) Residence: No. 74.9412 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Heavy	21. DATE OF DEATH January 27 1933 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Smallwood	1 HEREBY CERTIFY, That I attended deceased from 1932, to 1 27, 1933
6. DATE OF BIRTH (month, day, and year) Gues 12 1848	I last saw here alive on an [27, 19 33; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 1m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Information of age
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month) and spent in this	
11. Total time (years) this occupation (month and year) year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) maryland (State or country)	Other Contributory Causes of importance:  + ractured Trip  1232
13. NAME James small marlow	
13. NAME Amus Amella Marlow  14. BIRTHP(Ace (city or town)	Name of operation Oate of
# 15. MAIDEN NAME Elizabeth Cole	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Qele dest Date of Injury Nor 7., 1932
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs U Muslow (Address) Figuland Mrs.	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Date Lan 30 , 1933	Manner of injury traction of leip from fall.
19. UNDERTAKER To and C Nog grabatheron (Address) Policath Cele of 2 22	24. Was disease or injury in any way related to occupation of deceased?
20. FILED AND 6, 1933 If W Michels Registrar.	(Signed) S Clarlesnell M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhago	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00688
County Howard	Registration Dist. No. 191
Village or City No Ellicott Leily	No. St., Ward
Length of residence in city or town where deeth occurred / yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? / yrs. mos. ds.
2. FULL NAME Mrs House all	Lo. Judy Snyder
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensale Heile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jany 20, 198 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
The last of the second	100/ 1932, to Jan 20 , 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h last alive on 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at the principal CAUSE OF DEATH and related causes of Importance
73 2 16 108,	were es follows:
8./Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Asteria - Africa - Colores
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	1-32
10. Date deceased last worked at this occupation (month and 193)	
12. BIRTHPLACE (city or town). Gendleton (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Miss Kemble  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
ma nolla P Statesta	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sellicott City Mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Groupe Co / 2 a 1933	Menner of injury
19. UNDERTAKER P. E. Thrush of our (Address) Hoarful - Ma	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILEDJang 21, 1933 DlOIT Lissell Registrar.	(Signed) A legal An age M. D.  (Address) Aleasy bull M. D.

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of speet
	of importance were as follows:	Date of offset
1915	Attack of epilepsy	1-week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3	Other contributory causes of importance:	= 3/1/1=3/1
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00689
1. PLACE OF DEATH	107
County Howard	Registration Dist. No. / 9 4
Village or City Heah Land	NoSt.,Ward
(If Length of residence in city or lown where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME -William H	Timmermen
(a) Residence: No. Aish Cand	2St Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Construction Or DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Low Jimmusman	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Dec 1 st 1866	I last saw ham alive on 19.3.3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
66 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Terminal Peronely foremores
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 207) spant in this occupation (cupation)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Highland Md.	Harry Jailust
13. NAME Stenry Limmerman	
14. BIRTHPLACE (city or town)	Name of operation
(State of Education)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangaret Syman  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Alemany -	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place July Date July 04 ,1933	Neture of Injury
19. UNDERTAKER YUN Kaiser	24. Wes diseasa or Injury In any way related to occupation of deceased?
(Address) Laurel mid	If so, specify Robert Alexander
20. FILED FILE 1 , 1933 S. U. Bullion Registrar.	(Signed) M. D. (Addrass) Carresville 2014
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year